

Financial Hardship Payment Plan Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a financial hardship payment plan due to my current financial situation. I have been facing [briefly describe your financial hardship, e.g., job loss, medical expenses, etc.], which has significantly impacted my ability to meet my financial obligations.

As a result, I am requesting a payment arrangement that would allow me to manage my payments in a more feasible manner. I propose a plan where I can pay [suggest an amount] per month for [suggest a duration].

I have attached documentation to support my request, including [list any attached documents, e.g., income statements, bills, etc.]. I appreciate your understanding and assistance during this challenging time.

Thank you for considering my application. I look forward to your positive response.

Sincerely,

[Your Name]